12100.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR GURNIE JOHNSON DATE 11-2-90 PERMIT NO EK-8-A-12*

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. south of Middle Oaks - T.L. on Bethlehem Rd - ½ mi. on left. S. R. No. _____

SUBDIVISION NAME MTN. ROAD VILLAGE LOT NO 12*13 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (DOUBLEWIDE) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample.

Character & Porosity of Soil Prov. Suitable.

Percolation Rate 2-60 Min./in. ft.

Topography 2-5% Lot

Depth to Water Table 60+

Rock or other impervious formations Not observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

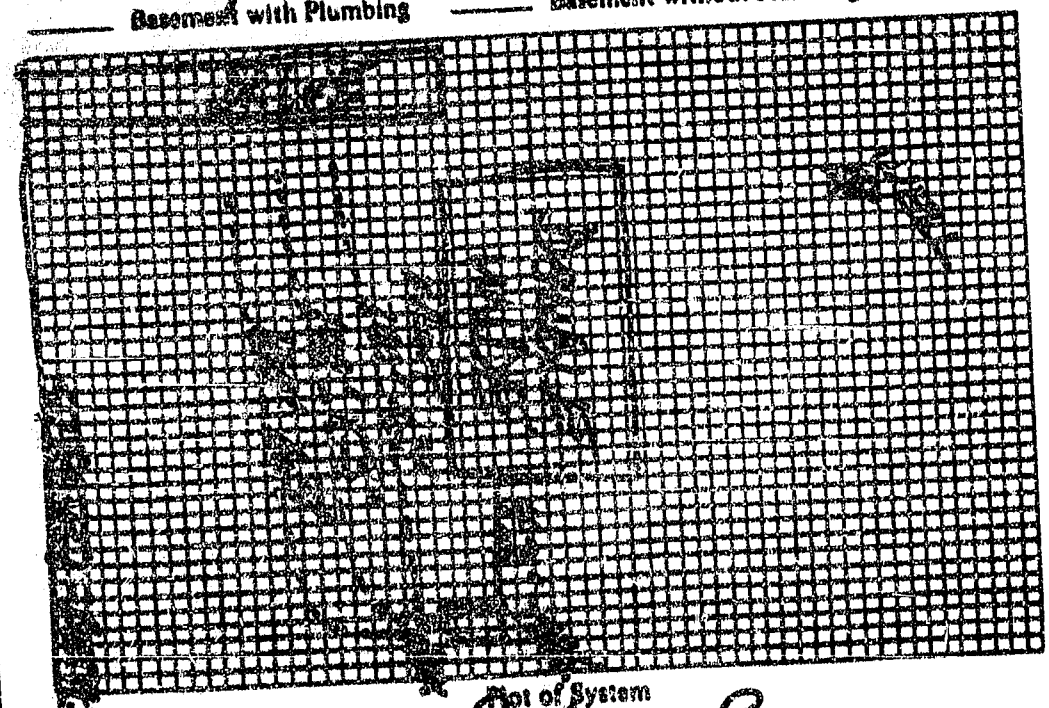
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by Kenny Pearson

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Edwin Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Edwin Brown DATE 11-1-90.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold